V. S. No. 1

	CERTIFICATE OF DEATH 13000
1. PLACE OF DEATH County Caraline	Registration Dist. No. 41
Village or City Lucies buro	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Wulsam A. Benness	
(a) Residence: No. Scenation md (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male A COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Sec. 3, 193 2/ (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Moleine Branch	22. I HEREBY CERTIFY, That I ettended decessed from Och. 21, 1937, to Och. 21, 1937
6. DATE OF BIRTH (month, day, and year) Del 125. 1866	I last saw h. alive on Q et 21 1937 death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date steted above, et 3_Am.
72. 8 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, Farmer I, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and the spent in this occupation (month and the spent in this occupation).	Orterioscheratie Cardesovascular J. disease
10. Date deceased last worked et this occupation (month and 1931 11. Total time (years) spent in this occupation (month and 1931 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME Washwaffor Succell	
13. NAME Washingfor Securell 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Millie Miletage	23. II death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mullie Mullice 1 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mrs. William Buell (Address)	Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Greensburo md Date Date 6, 1932	Manner of injury
19. UNDERTAKER J. B. Rawlings: (Address) Sieurobiro Md	24. Was disease or injury in any way related to occupation of deceesed? 20
20. FILED Del 4, 1992. J. Mast Piper	(Signed) (Signed) (Signed) M. D. (Address) Sheeres born hell,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	d draw and	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

B.—WRITE

Exact statement of OccuPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH

A	60	6	1	4
7	-3	8.2	27	-1
1	3	V	V	Æ,

1. PLACE OF DEATH	(51)
County Caroline	Registration Dist. No. 66
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
tokul. MIT Id N.	sds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Walson / Levy av ,	
(a) Residence: No. (Usyal place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Market	21. DATE OF DEATH Sec., 5 193 2 (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Carpering & Booker	
6. DATE OF BIRTH (month, day, and year) Fish 25-1871	I last saw him alive on Dec 3 1932 death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7.3000 m.
61 9 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.	Coremones of Prostale about
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc O-Qate deceased last worked at this occupation (months and	1 for
O Date deceased last worked at this occupation (month and 1. 1. Total time (yeers) spent in this occupation will be year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance: Concurrence of Lungs & was
(State or country) Mary Earl	Coramona for appeal 6 mos
14. BIRTHPLACE (city or town) (State or country) Maryland	Neme of operation Provide Long Date of Afric 4 What test confirmed diagnosis? Talk of sold finas there on autopsy? 200
15. MAIDEN NAME Facus Peppini	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) frankland, (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mrs. Watson Booker (Address) Rada lee	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Lucius on Date Sec. 4, 1932	Manner of injury
19. UNDERTAKER A. B. Kawlings, (Address) Lie sus bord of Mid;	24. Was disease or injury in any way related to occupation of deceased?_126
20. FILENTO 6 , 1932 A Davis Registrar.	(Signed) S. T. Jey M. [(Address) Address)
	2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Ex	ample I		Example II	
The principal cause of deat of importance were as follow	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	2 1,33	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	JAN	. 1921	Run over by street car	1 week ago
Cerebral hemorrhage	V Us	July 5, 1927	Peritonitis	3 days ago
	30%			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No.

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20. FILED 12/31/1912

STATE C	F MARYLAND-	CERTIFICATE OF DEATH	3002
1. PLACE OF DEATH			
County Carolin	е .	Registration Dist. No. 6	3
,	on Ma		Ward
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(1	NOSt., If death occurred in a hospital or institution, give its NAME instead of street as Sds. How long in U.S. If of foreign birth?yrs	nd number)
		sds. How long in U.S. if of foreign birth?yrs	_mosds.
2. FULL NAME Mar	•		
(a) Residence: No.	Preston, Md. (Usual place of abode)	St., Ward. If nonresident give city or town a	and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
Female 4. COLOR OR RACE Ehite	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Guild he word)	21. DATE OF DEATH TO (Month) (Day)	, 193 Zs (Year)
5a. If married, widowad, or divorced HUSBAND of			
(or) WIFE of Frank.	H. Chambers	22. HEREBY CERTIFY, That I ettend	ed dacaased from
5. DATE OF BIRTH (month, day, end yaar)	Sept 30, 1864	I last saw h M aliva on when h T 193	Za daub la said
7. AGE Yaars Months	Days If LESS than	to have occurred on the date stetad above, at 7.30Pm.	, death is seid
68 2	28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trada, profassion, or particular			Date of enset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Housewife	Chrone myocarditis	1930
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		1	
10. Date daceasad last worked at this occupation (month and 1932	11. Total time (yaars) spent in this occupation		
D77		Other Contributory Causes of Importance: Corowany Luranboxis.	11. 107 21
12. BIRTHPLACE (city or town) (State or country)	eston Md.	To white	neer 1-34
13. NAME Samuel Ri	chard Buckley	- 40000000000	
14. BIRTHPLACE (city or town)	Maryland	Name of operation Data of What tast confirmed diagnosis? Was there a	
15. MAIDEN NAME Charol	tte Wright	23. If death was due to external causas (VIOLENCE) fill in also the follow	
16 BIRTHPLACE (city or town)	aryland	Accident, suicide, or homicide? Date of injury Where did Injury occur?	
17. INFORMANT H. Ch	ambers	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC	itate) PLACE.
18. BURIAL, CREMATION, OR REMOVAL PlacePreston	DateDec_31_,1932	Mannar of Injury	
19. UNDERTAKER W. H. HOL	lis & SON	24. Wes disease or injury in any way ralated to occupation of deceased?	hs

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signed)

(Addrass)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 5 W	٤		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Caraline	Registration Dist. No. 60
Village or City Henderson.	
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Clive Cersan	
(a) Residence: No. Hendersen (Usual place of abode)	St., Ward. If uonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Figure 1. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of unknown	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 2 30.	I last saw here alive on Release 6 193 Z death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
8-0 // 8 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular	Date of onset
kind of work done, as SPINNER, Housewife	Verebrue Hemorshage
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
13 ID Date deceased last worked at	
this occupation (month and O-et (. 1949 spent in this year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Caualie	Ex haushow
II 13. NAME Daire muphy	
13. NAME David Murphy 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Muriel (2006), (Address) Henderson Ma	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL.	Manner of Injury
Placa Jempleuelle Date Dec 10, 1934	Nature of injury
19. UNDERTAKER & Raylungs! (Address) Sieles biro, Md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED/4/9/BB Qeesmen	(Signed) A July M. D. (Address) Add Sond las
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

1 26/32

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		· · · · · · · · · · · · · · · · · · ·	

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FOR

RESERVED

TLY. PHYSICIANS	Exact statement of		
ly supplied. AGE should be stated EXAC	rms, so that it may be properly classified.	ructions on back of certificate.	
BEvery Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement-of	OCCUPATION is very important. See instructions on back of certificate.	

Village or City Mean Preston: (No.	CERTIFICATE OF DEATH Registration Dist. No.
P+	
Village or City mean of reston: (No	
2 FULL NAME Marjoris Drig	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead at street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Final Color or race 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Plic (Month) (Day) (Year)
Collina (Month) (Day) (You of LESS the lady,	that I last saw he alive on who allow 1950 and that death occurred on the date stated above, at 6 Am
yrs. Z mos. 3. ds. OR min. **B OCCUPATION** (a) Trade, profession, or particular kind at work. (b) General nature of industry business, or establishment in	
** which employed (ar employer) **BIRTHPLACE (State or country) 10 NAME OF FATHER **Property of the property of the propert	Contributory Secondary (Signed) Vaul Muolls M.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place the state of deeth ye. nos. ds. State, yes. nose. the where was disease contracted,
(Interment) Thos Reignins	If not al place af death?
Filed 12/4, 1932 m. Ha Junge REGISTRAR	Nars Chapel 12-5, 1033 29 UNDERTAKER ADDRESS Priston

13004

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons camployed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who recoive a defiuite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day luborer, Furm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Denier," etc., without more mobile jactory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Coal mine, etc. is very important, so that the relative healthful-Compositor, Architect, Locamotive engineer, Civil For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in (b) Aulo-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," meningualified. is indefinite); Tuberculosis of lungs, meningualified.

on statement of eause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning. state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent duarus suicide: The nature of the injury, as fracture of skull Struck by railway train—accident; "PUENPENAL perilonitie," birth or miscarriage as "Puenpenal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless eough; Chronic valvular heart disease; Chronic interstitia "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Old Age," "Shock," "Uraemia," "Weakness," "Coma," The contributory (secondary or intercur "Convulsions," "Debility" ete. carbolic acid-probably State cause (Recommendations Revolver-"Atrophy," "Colfor which unpertant nound ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1	SICIANS should state atement of OCCUPA-
	RECORI . PHYS Exact st
MARGIN RESERVED FOR BINDING	IS A PERMANENT stated EXACTLY properly classified. certificate.
RESERVED	G INK—THIS GE should be that it may be ons on back of
V.S.No.1 (A) MARGIN	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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1. PLACE OF DEATH County. Coun	STATE C	OF MARYLAND-	CERTIFICATE OF DEATH	4 (11./1.
Village or City Langth of residence in city or town where death occurred. (a) Residence: No. Village or City (b) death occurred in a boppital or institution, give is NAME instead of sincet and number). (a) Residence: No. (b) How long in U. S. I. of foreign birth). (c) Residence: No. (d) Residence: No. (e) Residence: No. (e) Residence: No. (f) City of town and State PERSONAL AND STATISTICAL PARTICULARS S. S. EX (e) COLOR OR RACE (f) COLOR OR RACE (f) ROUNGER OF DEATH (f) S. I. I MARTICE, vidowed, or divorced of the color of the c	1. PLACE OF DEATH		(93-0)	10000
Cit death occurred in a horpite for instruction, give is NAME instead of street and number)	County Caroli	<u> </u>	Registration Dist. No.	62
(a) Residence: No.	Village or City / Euc	and just.	NoSt death occurred in a horpital or institution, give its NAME instead of street	ward ward
(a) Residence: No. Clausified above 151. Ward. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE BY ACTION OF THE STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE BY ACTION OF THE STATISTICAL PARTICULARS 5. SINCIE, MARRIED, WIDOWED, OR DIVORCIDE Convirted to word. 6. DATE OF DEATH 1. HER EBY CERTIFY. That I attended deceased from 12 June 15 June	Langth of rasidence In city or town where	death occurredyrs,mos	ds. How long in U. S. if of foreign birth?yrs	mosds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) WILL SAM (Month) Days 1 HER EBY CERTIFY. That I attended deceased from HUSBADD of Deceased and the same of the	2. FULL NAME FLARE	- Thomas I	Keetwood	
3. SEX 2. COLOR OR RACE OR DIVORCED Comite the word; 3. If married, widowed, or divorced HUSBAND of Comment of HUSBAND of Comment	(a) Residence: No.	(Usual place of abode)		n and State
Sa. If married, widowed, or divorced HUSBATH WIDOwed, or death is said to have occurred on the date stated above, at 1972 Metal Is said to have occurred on the date stated above, at 1972 Metal Is said to have occurred on the date stated above, at 1972 Metal Is said to have occurred on the date stated above, at 1972 Metal Is said to have occurred on the date stated above, at 1972 Metal Is said to have occurred on the date stated above, at 1972 Metal Is said to have occurred on the date stated above, at 1972 Metal Is said to have occurred on the date stated above, at 1972 Metal Is said to have occurred on the date stated above, at 1972 Metal Is said to have occurred on the date stated above, at 1972 Metal Is said to have occurred on the date stated above, at 1972 Metal Is said to have occurred on the date stated above, at 1972 Metal Is said to have occurred on the date stated above, at 1972 Metal Is said to have occurred on the date stated above, at 1972 Metal Is said to have occurred on the date stated above, at 1972 Metal Is said to have occurred on the date stated above, at 1972 Metal Is said to have occurred on the date stated above, at 1972 Metal Is said to have occurred on the date stated above, at 1972 Metal Is said to have occurred on the date stated above, at 1972 Metal Is said to have occurred on the date stated above, at 1972 Metal Is said to have occurred on the date stated above, at 1972 Metal Is said to have occurred on the date stated above, at 1972 Metal Is said to have occurred on the date stated above, at 1972 M	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	Н
HEREBY CERTIFY, That I attended deceased from Many 30 1, 1931, 10. Mell 1, 192. 8. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,		OR DIVORCED (write the word)	Nec. 18	, 193_ 2 (Year)
T. AGE Years Months Days If LESS than I day,	5a. If married, widowed, or divorced HUSBAND of OTHER CONTROL	Theling Dec		ended deceased from
7. AGE Years Months Days IT LESS than 1 day,	6 DATE OF RIRTH (month day and year)	Lue 20 = 185	I last saw h in alive on Dec. 18 19.	32; death Is said
S. Trade, profession, or particular kind of work done, as SPINNER wind of work done, as SPINNER by Mills SAWYER, BOKKEPER, etc. Bulliard Baruard Mayor May done, as SPINNER by Mills SAWYER, BOKKEPER, etc. Bulliard Baruard Mayor May done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 112. BIRTHPLACE (city or town) (State or country) 113. NAME 114. BIRTHPLACE (city or town) (State or country) 115. MAIDEN NAME 116. BIRTHPLACE (city or town) (State or country) 117. INFORMANT (Address) 118. BURIAL, CREMATION OR REMOVAL Place 119. UNDERTAKER (Address) 120. FILED 12 2 21 19 72 Trank 10 Jacob 94 M. D. 130. Date of solutions: Date of normal diagnosis? Was there an autopsyz. 219. Where did injury occur? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. When the singury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 120. FILED 12 2 21 19 72 Trank 10 Jacob 94 M. D. M. D. Signed) M. D. M.	7. AGE Years Months	/ > I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
Save Find of work done, as SPINNER Save Find New Find State Second State		ormin.	were as follows:	Date of onset
Other Contributory Causes of importanca: Other Contributory Causes of importance: Other Contributory Caus	Kind of work dona, as SPINNER	elired France	er Chrone myourditis	1930
12. BIRTHPLACE (city or town)	Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.			
(State or country) 13. NAME	- I time cooppation (month and	spent in this	Other Contributory Causes of Importanca:	
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME		wor		
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME	I 13. NAME Were Fr	letwood		
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town)	I 14 BIRTHPI ACE (city or town)		Nama of operation Date	e of
(Specify city or town, county and State) 17. INFORMANT Soble Fleeters Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION OR REMOVAL Place Sulfan Date 12 2 1 1932 Natura of injury 24. Was disease or injury In any way related to occupation of deceased? 25. FILED 12 2 1 1932 Natura of injury In any way related to occupation of deceased? (Signed) M. D.	(State or country)	elperon	What test confirmed diagnosis? Was ther	e an autopsy?
(Specify city or town, county and State) 17. INFORMANT Soble Fleeters Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION OR REMOVAL Place Sulface Date 12 - 21 , 19 32 New AD Year 9C (Address) Where did injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Natura of injury 24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) M. D.	IS. MAIDEN NAME MANY	Comon.	23. If death was dua to external causes (VIOLENCE) fill in also the fol	lowing:
(Specify city or town, county and State) 17. INFORMANT Soble Fleeters Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION OR REMOVAL Place Sulfan Date 12 2 1 1932 Natura of injury 24. Was disease or injury In any way related to occupation of deceased? 25. FILED 12 2 1 1932 Natura of injury In any way related to occupation of deceased? (Signed) M. D.	G 16. BIRTHPLACE (city or town)		Accident, suicide, or homicida? Date of injury	, 19
17. INFORMANT (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION OR REMOVAL Place Divided Date 13.6. Zf. (1932) Natura of injury 19. UNDERTAKER (Address) 20. FILED 12-21, 19-32 Tread 1 Year 9C (Signed) M. D.	State or country)	lawor	Where did injury occur?	J \$1.1.2\
Place Pullace Date 13.1. 21.1.1932 Natura of injury 19. UNDERTAKER (Address) 20. FILED 12-21, 19-32 Tread 9 Year 90 (Signed) Natura of injury 24. Was disease or injury In any way related to occupation of deceased? Uso (Signed) M. D.		Lecturod	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	IC PLACE.
(Address) (Address) (Address) (Signed) (Signed) (Address) (Signed) (Signed) (M. D.	10.0.6	4 De Disc 2/ 4, 1932		
20, FILED 1.4.3.7. 19.7. // Mark 4. / LONG		if Moore		d? 200
	20. FILED 12 - 21 19 32 212	a A O Jeong C. Registrar.	10.7	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerasis	1915	Attack of epilepsy	1 week ago
Chranic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
80			
Other contributory causes of importance:	D .	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state of OCCUPA. A PERMANENT RECORD. Every item of infor-PHYSICIANS Exact statement stated EXACTLY. properly classified. BINDING See instructions on back of certificate. FOR UNFADING INK-THIS IS MARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important. -WRITE PLAINLY, V. S. No. 1 N. B.

19. UNDERTAKER

(Address)

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Caroline	Registration Dist. No. 6/
Village or City near Greensboro	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosdsds
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) white market	21. DATE OF DEATH Alexander 3, 193 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Belle M. Larry.	22. I HEREBY CERTIFY. That I attended deceased from 22. 3, 1932, to Alex. 3, 1932
6. DATE OF BIRTH (month, day, and year) Sept 21 - 1842 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 8:15 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Frede, profession, or particular kind of work done, as SPINNER, Male SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Coronary Thrombosis 13/3/32 Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) 13. NAME Malther Garay, 14. BIRTHPLACE (city or town) (State or country) Maryland	Certain selevation Cardiovasculou Disease Name of operation What test confirmed diagnosis? Chancel Was there en eutopsy?
15. MAIDEN NAME Sarah Warran 16. BIRTHPLACE (city or town) (State or country) 7. INFORMANT (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Neture of injury ______

Neture of injury _____

24. Was disease of injury

If so, specif

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Peritonitis Cerebral hemorrhage July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

<u>C</u>	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13007
	107
County LOGYOIINE	Registration Dist. No. 63
Village or City Merican Corner-	No. St., Ward
Length of residence in city-or town where death occurredvrs	f death occurred in a horpital or institution, give its NAME instead of street and number) s
2. FULL NAME (Robertale, 74	1. Advard-
T. Piler III	y Wind 174
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Jemas 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Arabe. Whate OR DAVORCED (write the word)	Bel. , 193 2
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Odl C 1622	7 ,193 to 0 ,193 C
6. DATE OF BIRTH (month, day, and year) Off-8 /932 7. AGE Years Months Days If IFSS than	CIRR.
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	13:16 toxa1
< ■ 9. Industry or business in which	10 10 10 10 10 10 10 10 10 10 10 10 10 1
work was dona, as SILK MILL, SAW MILL, BANK, etc.	1340 Neug- Mainia
year)occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Fullelling Ph. 4.0	170. /
(Stata or country)	/Mar's must
13. NAME / Y THUN HUNGAUNT- 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME MAY . Wy 91 to	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
E (State or country)	Where did injury occur?
17. INFORMANT A Y MUY Heller ang. Jan	(Specify city or town, county and State) (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addres\$) 18. BURIAL, CREMATION, OR REMOVAL	
Place Federalsburg, Date Dec. 7th, 1	Manner of Injury
W H Hollis & Son	N/A
19. UNDERTAKER Preston, Md.	24. Was disease or injury in any way telated to occupation of deceased?
- 16 17 11	If so, specify (Signed) MD
20. FILED. Dec. 7, 19 32 Black 12 Flange	(Signer) Adwas ling, and
If more blanks are needed, address State Registrar	17

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: ELCENTED Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitual nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

for authorization to	e leavese	Rel DIS	Letter under
		1	
Lengron 1/25/33			
/ \ \lambda \.			

V. S. No.

infor-

	STATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH	13008
1. PLACE OF D	EATH			87-2	Ma
County_Co	weine	. 7/11-2/3-/3		Registration Dist. No	-90-
Village or City	near	16000	V	ND.	St., Ward
	in city or town where	death occurred		death occurred in a hospital or institution, give its NAME instead ds. How long in U.S. if of foreign birth?	
2. FULL NAME	Garan	1111	ounder		
(a) Residence: N	D	(Usual place	of abode)	St., Ward. If nonresident give city	or town and State
PERSONAL	AND STATIST			MEDICAL CERTIFICATE OF	DEATH
Fernale 4	OLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH ALLE. (Month) (Da	. 193 (Year)
5a. If married, widowed, or HUSBAND of (or) WIFE of	divorced				I attended deceased from
6. DATE OF BIRTH (month	, day, and year) No	2-21=1	930	1 last saw h le aliva on the 25	, 193 £ ; death is said
7. AGE Years	Months	Days 4	If LESS than I day,his.	to have occurred on the date stated above, at . 7: 55 Am. The PRINCIPAL CAUSE OF DEATH and related causes of Imp	ortance
8. Trade, profession.	or particular	1 /	ormin.	were as follows:	Date of onset
SAWYER, BDD	KEEPER, etc			Pairpina (Primary)	Der 12-193
SAW MILL, BA 10. Date daceased last this occupation year)	NK, etc worked at	, spe	ima (years) nt in this upation		
12. BIRTHPLACE (city or to (Stata or country)	Mn) Anw	, Dan	ton	Other Contributory Causes of Importance: mong of in type Jailed to get	ow.
	ulelin	Ogolas	10101	Mongol type : undereloded all a ever	Officet
13. NAME 14. BIRTHPLACE (city (State or count				Name of operation 18 or 20 founds or sos Co	Date of
15. MAIDEN NAME	ilian	Han	rillon	23. If death was due to external causes (VIOL ENCE) fill in also	
15. MAIDEN NAME 16. BIRTHPLACE (city (State or coun		sey		Accident, suicide, or homicide? Date of lo	njury, 19
17. INFORMANT To (Address)	anklin	Toh	mapa	(Specify city or town, co Specify whether injury occurred in INDUSTRY, in HOME, or in	ounty and State) n PUBLIC PLACE.
18. BURIAL, CREMATION, Placa CO.V.		DateDec	_27,1932	Manner of injury	******
19. UNDERTAKER (Address)	w. ado	mus &	Bro	24. Was disease or injury in any way related to occupation of of	deceased?
20. FILED 12-26	,32m	NO Gear	ged	(Signed) Toul Thus	M. D.
			Registrar.	(Address)	W.J.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage •	July 5,1927	Peritonitis	3 days ago
BURPAD V S			
Other contributory causes of importance:	A	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be expedilly supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCLPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. IARGIN RESERVED

1. PLACE OF DEATH	CERTIFICATE OF DEATH 13009
county Caroline.	Registration Dist. No. 6
Village or City Man or Federale 711 FO.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Herbert hee John	na 2n
(a) Residence: No. Tederals Prung Md. R. (Usual place of poode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Single, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Company Compa
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Abril 3" 190 H	I last saw h elive on 12/10 19.3 Zideath is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5-3 0 P-m.
28 8 7 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Clay Robert 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) this occupation (month and	Columny Tuberaleri 1920
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation 13	
12. BIRTHPLACE (city or town) Dorelester Co. (State or country)	Other Contributory Causes of importance:
13. NAME John Henry Johnson	
13. NAME Sohn Henry Johnson.	Name of operetion Dete of
(State of Country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Mary Same Robinson.	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Mary Jane Robinson. 16. BIRTHPLACE (city or town) Darchester Co. (State or country)	Accident, suicide, or homicide?
17. INFORMANT John Henry Johnson (Address) Federalsburg Md. R. F. D	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE Bethes. Md. Date Dec. 13", 1932	Manner of injury
19. UNDERTAKER J. T. Frampton & Son. (Address) Federals Prura Md	24. Was disease or injury In any way related to occupation of deceased? 200
20. FILED Dec. 12", 1932 Promiton Registrar.	(Signed) M. D. Curt M. D. Chart M. D. D. Chart M. D. C

CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of de of importance were as fol	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1AU 4 1333	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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TION is very important. See instructions on back of certificate.

County Caralin	_	Re	gistration Dist. No. 62
Village or City.	Sculau (IF	No. death occurred in a hospital or institution, give	St.,Wa e its NAME instead of street and number) n birth?yrsmos
2. FULL NAME Makea	Catherine.	Mason.	1 011111
(a) Residence: No.	(Usual place of abode)	St., Ward.	nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTI	FICATE OF DEATH
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	th) (bay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			RTIFY. That I attended deceased for the second seco
6. DATE OF BIRTH (month, day, and year)	Dec. 16318	I last saw h le alive on Sel	2. 7, 19.32; death is s
7. AGE Years Months	Days If LESS than I day,hrs. ormin.	to have occurred on the date stated above The PRINCIPAL CAUSE OF DEATH and were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	use woof	arteris select	192
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and			
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Production (State or country)	ing Paren.	Other Coutributory Causes of importance:	
13. NAME Starres In	saore.		
14. BIRTHPLACE (city or town) (State or country)	peur.		Date of
15. MAIDEN NAME Malesle	Wallace	23. If death was due to external causes (VI Accident, suicide, or homicide?	OLENCE) fill in also the following: Date of injury, 19
∑ (State or country) 17. INFORMANT / Jackey / Address)	rasau.	Where did injury occur?(Sp Specify whether Injury occurred in INDU	ecify city or town, county and State) STRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place	Date Dec. 10, 19 3 2	Manner of injury	
19. UNDERTAKER Silgil	Moore	24. Was disease or injury In any way rela	ted to occupation of deceased? W
20. FILED 12- 9 , 1932 Mm	46 Lenge Registrar.	(Signed) Augustian (Address)	(Nuoles)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset
1 week ago
1 week ago
3 days ago
1 year

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	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	atement
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V. S. No. 1

County Caroline					Registration Dist. No.
					No. St., Wa feath occurred in a hospital or institution, give its NAME instead of street and number)
					death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2 1		E Frank H.			
					St., Ward. If nonresident give city or town and State
orv		L AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX	le	White	or Divorce	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH Dec 20/32, 193 (Year)
H	married, widowed USBAND of or) WIFE of	rs. Lilla	Meredit	h	22. I HEREBY CERTIFY, That I attended deceased f
e DAT		onth, day, and year) ny			
7. AGE	Years	Months	Oays	If LESS than I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
1 0	46	on, or particular k done, as SPINNER, OOKKEEPER, etc	1 19	ormin.	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation		nt in this upation	Other Contributory Causes of importance:		
12. BIR	RTHPLACE (city (State or country	or town) Pa,	L		
	. NAME	Jacob Mer	edith		
14.	, BIRTHPLACE (city or town)ountry)	īll.		Name of operation Date of Was there an autopsy?
15.	MAIDEN NAME	Della	Eastli	p	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Della Eastlip 16. BIRTHPLACE (city or town) (State or country) Pa					Accident, suicide, or homicide? Alaster d Date of injury Dec 20,193 Where did injury occur? Lawline len-ma
17. INFORMANT Jacob Merideth (Address) Greensboro, Md.				Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Greensboro Hd Oate Dec, 2309, 32			Manner of Injury Auto Accorded Nature of Injury Fractured Skull		
	Place Gre	19. UNDERTAKER R. B. Rawlings. (Addiess) Green aboro. Md.			
19, UNI	DERTAKER R	.B.Rawling	Md.	<i>D</i>	24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	- 1		
Harth & William		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
4			

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	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
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N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13012
1. PLACE OF DEATH	(82-0)
County Caroline	Registration Dist. No. 64
	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
E 51:00	
(a) Residence: No. Tederals Sura Md. R. F.	™ St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ternale. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.	21. DATE OF DEATH Dec. 2H' (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of Sacob T. Wiehols	22. JHEREBY CERTIFY, That I attended dacassed from
6. DATE OF BIRTH (month, day, and year) Sune 119-1868	I last saw bl 2 alive on
6. DATE OF BIRTH (month, day, and year) Sure 11-15-58 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2-P-m.
6H 6 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Certifi Elpopletra 192
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	ļ
10. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Dozenester Co. (Stata or country)	Other Contributory Causes of Importance:
13. NAME William Hurlock.	
13. NAME William Hurrock. 14. BIRTHPLACE (city or town) Borchester Co. (State or country)	Name of operation
# 15. MAIDEN NAME Flizabeth Frazier.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Elizabeth Frazier. 16. BIRTHPLACE (city or town) Caroline Co. (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT 5.acob T. Nichols. (Address) Federal grung Md. R. F. D.	(Specify city or Iown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placa Tederals Burg Modate Dec 27", 1932	Manner of injury
19. UNDERTAKER S. T. Framptom & Son. (Addiess) Federals Sura Md. B.F.D.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Dec, 26", 1932 Monumber Registrar.	(Signed) M. C. M.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SURVAU V.D.			
Other contributory causes of importance:		.Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

V. S. No. 1

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PHYSICIANS should state

stated EXACTLY. properly classified.

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

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AGE should be

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Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(2) a)
County Caroline	Registration Dist. No.
Village or City Hear Deulou	NoSt.,Ward
(If Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) dsHow long in U.S. if of foreign birth?yrsmosds.
P 1: 7	R. R.
2. FULL NAME Cearaline france	o Jacobio
(a) Residence: No. Alexa della (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oav) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Eyeo (varfes (Dec. 4))	22. I HEREBY CERTIFY That I attended deceased from May 24 1032 10 1000 5 1032
6. DATE OF BIRTH (month, dey, end year) June 77 18	Allast sawher alive on Alec. 5 1932; death Is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, atm.
90 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Cherrie valvula feat
9. Industry or business in which work was done, as SILK MILL.	Olexease
SAW MILL, BANK, etc. WOTH ON JUNA	
11. Total time (years) this occupation (month end year) vear)	
12. BIRTHPLACE (city or town) Tilg leman Island	Other Contributory Causes of importance:
(State or country) Triangland	
13. NAME Caccel Bibliardo	
4 14. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country) Suaryland -	Whet test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Jaucy Sewell	23. If deeth was due to external couses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT in James Greland	Where did injury occur?
(Address) 18. BURIAL, CREMATION, OR REMOVAL	
Place On for A and Date Dele 7, 19 3	Manner of injury
19. UNOERTAKER Je Vingel Moore	24. Wes disease or injury in any way related to occupetion of deceased?
(Address)	If so, specify
20. FILEO 12-6 , 1937 And Quege Registrar.	(Signed) M. D. (Address) Media To Manual M. D.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SURRAU V. S. II			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
-			

should state A PERMANENT RECORD. Every Atem of inforof OCCUPA. stated EXACTLY. PHYSICIANS Exact statement properly classified. FOR BINDING certificate. IS WITH UNFADING INK-THIS CAUSE OF DEATH in plain terms, so that it may be JARGIN RESERVED AGE should be See instructions on back of mation should be carefully supplied. TION is very important. -WRITE

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH ().	13014
County Caroling	Registration Dist. No.
Village or City Yoldstore	No. St Ward
	if death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Chas to Pluss	
(a) Residence: No. Fellon blef P. W. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write tha word)	21. DATE OF DEATH blee 19 1932
5a. If married, widowed, or divorced HUSBAND or	(Month) (Day) (Year)
(or) WIFE of Mrs helling, Ross	22. I HEREBY CERTIFY, That I ettended deceased from
	, 19, to, 19, 19
7. AGE Years Months Days I If LESS than	I last saw h; death is seid
1-3 (- 1 day,hrs.	
8. Trade, profassion, or particular	were es follows: Date of onset
SAWYER, BOOKKEEPER, etc. farming	Railrond - ast mobile calling Come
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceased last worked at this occupation (month and	and the same of th
SAW MILL, BANK, etc	Hand and tody crushed by im-
10. Dete deceased last worked at this occupetion (month and yeer)	part of tosin.
1.0.6	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) MUCAWAY (State or country)	
13. NAME Thomas H. Ross	
13. NAME Thomas H. Ross 14. BIRTHPLACE (city or town)	Name of operation . Date of
(Stete or country) Maryand	Name of operation Date of Whet test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Mary Hy Cohie 16. BIRTHPLACE (city or town)	23. If deeth was due to external ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? and alend Date of injury Dec 19193 2
S (Stete or country) kllaware	Where did injury occur? Totaltoro toperline, Zand
17. INFORMANT Thomas Pros	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury Raulroad Crossing
Place 927 Wille Date 12-21, 1932	Nature of injury Duell crushed
19. UNDERTAKER ON TO BERRY (Addiess) I TITION AD ON D	24. Wes diseese or injury In any wey releted to occupetion of deceased?
1/2/21/00/1	(Signed) A- la Mawling Corones
20. FILED Registrar.	(Address) Greenator ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

•	Example 11	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset 1 week ago
		1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(AU)
county Caroline	Registration Dist. No. 6H
Village or City Near Federals brung R.F. a	NoSt,Ward
(If Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William Collins F	Russell
(a) Residence: No. Federals Surg. Md. R.F. T	
(Usual place) of abode) PERSONAL AND STATISTICAL PARTICULARS	If conresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX Male. 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.	21. DATE OF DEATH Control 1932 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of ANNA Russeff.	22. DIL I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec. 27" 1854	Hast saw h LAA alive on Die 27 1932 death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 3-20 H-m.
78 - H 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:
8. Trade, profession, or particular	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Refixed Farmer. SAWYER, BOOKKEEPER, etc	XUAY CINO MA
work was done, as SILK MILL, SAW MILL, BANK, etc	of StoMach.
Kind of work done, as SPINNER, Retired Farmer. SAWYER, BOOKKEEPER, etc. Retired Farmer. SIND and STANK, etc. 10. Date deceased last worked at this occupation (month and year). Separate Standard Spent in this occupation.	<i>()</i>
12. BIRTHPLACE (city or town) Dor Chester Co. (State or country)	Other Contributory Causes of importance:
13. NAME Sohn C. Russell 14. BIRTHPLACE (city or town) Dorchester Co.	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy.
15. MAIDEN NAME Sarah Elizabeth Vincent	23. If death was due to external causes (VIOLENCE) fill in also the following:
o 16, BIRTHPLACE (city or town) Dorchester Co.	Accident, suicide, or homicide?
(State of Country)	Where did injury occur? (Specify city or town, couoty and State)
17. INFORMANT Simeon Russell. (Address) Federalsturg Md. R.F. U.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Colses bury Md, Date Jan, 2", 1933.	Nature of injury
19. UNDERTAKER J. T. Fram stam & Son (Address) Federals burg Md	24. Was disease or injury in any way related to occupation of deceased?
20. FILED San 3", 1933 Arroundon, Registrar.	(Signed) I I I I M.D. (Address) Federals lung M.D.
If more blanks are needed, address State Registrar.	2411 N. Charles Street Baltimore Requesting 7) S. No. 6

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	46
County Caroline	Registration Dist. No. 1014
Village or City L'ederals burg.	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Catherine Slava	wter.
(a) Residence: No. 2'edurals burg, Jud (Usual place of ab (Pe)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH Sec. 6" (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of No data.	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept. 28" 1853	I last saw h
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 5 - A - m.
7 Q 1 Q 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were es follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	the moma desta
9 Industry or business in which	Jakob Land Land Land Land Land Land Land Land
work wes done, es SILK MILL, SAW MILL, BANK, etc.	
year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	gastre Contentus 1730
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME COTTURE Price,	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Catherine Price,	Accident, suicide, or homicide?, 19, 19, 19, 19
(State or country)	Where did injury occur?
17. INFORMANT MAS Walter 4. Nicholo (Address) L'eder als trura. Mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece d'eder als rung Ma Date Dec. 8 7, 1932	Nature of injury
19. UNDERTAKER Jantina distance & Sou (Address) Lieder: all Pring, tud.	24. Was disease or Injury in any way related to occupation of deceased? 220
20. FILED TORC. 8", 1932 VITTOUR Registrar.	(Signed) (Address) M. p. (Address) M. p.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

CTATE OF MADY AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

should be called a salesman and not a clerk.

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURRAU V-B-	1		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	J
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should state item of infor-

SIAIL C	OF MARYLAND—	CERTIFICATE OF DEATH 1301.
county Caroline		Registration Dist. No.
Village or City Federa	Ps Pruza	
Length of residence In city or town where	(I) B	NOSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmosds.
Cength of residence in City of town where	deeth occurredyrspmos	us. now long in 0.5.11 of foreign birth?yrsmosds.
2. FULL NAME SEOTA	e to smith	C
(a) Residence: No.	(Usual place of about)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH
. 10016 6-1616	1 Widowed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	bril, 23" 1854	I last saw h 1 /1 alive on Dee 26 193 death is seld
7. AGE Years Months	Deys If LESS than	to have occurred on tha date stated above, at 9-30.4 m.
78 8	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	etired Farmer	avenic. Coma.
O Data deceased lest worked at this occupation (month and year)	11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town)	Rine Ca.	Other Contributory Causes of importance:
(State or country)	Md.	Chronic Neshritia
13. NAME Washingto	n Smith	
13. NAME Washingto 14. BIRTHPLACE (city or town) Car (State or country)	aline Co.	Neme of operation Dete of Was there an autopsy? MQ
15. MAIDEN NAME		23. If death was dua to axternal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	V	Accident, suicide, or homicide? Date of injury, 19
2 (State or country) 17. INFORMANT See Since (Address) Federal	skura Md.	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	1 ~ 0	Manner of Injury
Place Lederal Sturg M	1 Date 1Sec. 29", 1982	Nature of injury
19. UNDERTAKER S. T. Fram (Address) Federals	etom & Son.	24. Was disease or injury in any way related to occupation of deceasad? VO
20. FILED Jec. 28", 1932	tramfout.	(Signad) W. Ly Sylvan M. D (Address) Ludevals ling, Mad)
If more	Sands are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

of today one

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1,000	Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JAN = 1030	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BULLAU V.	July 5,1927	Peritonitis .	3 days ago
Other contributory car	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	107-3
county Caroline	Registration Dist. No. 6 H
Village or City Federalsburg.	No. St. Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
- 1 200	W.
(a) Residence: No. Tederal Stura Md. (Usual place of a Mode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX 4. COLOR OR RACE Fernale 4. COLOR OR RACE OR DIVORCED (write the word) That is a seried	21. DATE OF DEATH Sec. 23rd 193 2 (Month) (Day) (Yeer)
5e. If married, widowed, or divorced	(month) (ver) (reel)
HUSBAND of George F. Smith.	1 HEREBY CERTIFY, That I ettended deceesed from 20 1932 to 25 1932
6. DATE OF BIRTH (month, day, and yeer) Aug- H" 1860	I last saw he we elive on Dec. 23 1932; deeth is said
7. AGE Yeers Months Days If LESS than	to heve occurred on the dete stated abova, et 9-10 P-m.
72 H 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence
9 Trade profession or particular	131/4 fer al. Broncho Date of onset
kind of work done, as SPINNER, House - Work	PNeuMoNia 12.18
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month and	
SAW MILL, BANK, etc	
10. Date decessed last worked at this occupation (month and year) spent in this occupation occupation occupation.	
C Occupation Party	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Caroxine Co.	
(State or country) Md.	Cardio- Vas Cular
13. NAME Sames W. Bules. 14. BIRTHPLACE (city or town) Caroline Ca.	& 1 Siane 4
14. BIRTHPLACE (city or town) Caroline La.	Name of oparetion Dete of
(State of country)	What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Friga Jane Covey-	23. If deeth wes due to external causas (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME FRiza Sone Covey- 16. BIRTHPLACE (city or town) Caroline Ca.	Accident, suicide, or homicide?
(State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT George T. Smith.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Federalsburg, Md.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Federal & rung Md Dete Bec. 26, 1932	Netura of injury
19. UNDERTAKER 5. T. Framstom & Son.	24. Was disease or injury in any wey rejeted to occupation of deceased?
(Address) Federals Pruis, Md.	If so, specify 1
20. FILED Dec. 24", 1932 Framford Registrar.	(Signed) (Signed) M. D. (Address) Fiducial (Signed)
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVI AND CEDTIFICATE OF DEATH

13018

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Example I	- i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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V. S. No. 1

1. PLACE OF DEATH	I III THE I CALLED	CERTIFICATE OF DEATH 1301
County Caroline		Registration Dist. No. 19
Village or City Near N	sontailli.	No. St., W
Length of residence in city or town where death		f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Secros	wolf , W	en's
(a) Residence: No. Presidence	Fr. Ind. R.J. T	St., Ward.
	(Usual place of abode)	If nonresident give eity or town and State
3. SEX 4. COLOR OR RACE 5.		MEDICAL CERTIFICATE OF DEATH
Male. White,	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yea
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That I attended deceased
6. DATE OF BIRTH (month, day, and year)	M. 12" 1846	last saw h. N. alive on Nw- 24 1932 Meath
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 11-5.0 H-m.
86 10	2H Iday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular		Linual Debility Ostool
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	armer	from aga. will
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		J'Cardes- Van culde
JQ. Data deceased last worked at	11. Total tima (years)	Maran
this occupation (month and year)	spant in this occupation	
12. BIRTHPLACE (city or town) Con of	ine Ca.	Other Contributory Causes of importance:
(State or country)	Mid	Mine-
13. NAME		
14. BIRTHPLACE (city or town)		Name of operation Date of
(State or country)	Y	What test confirmed diagnosis? Was there an autopsy?_
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	1/	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?, 19.
∑ (State or country)	٧	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT TTUSA SILVIO (Address)	on grad BAI	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Н , п	Manner of injury
Place Lowcord. Md	Date 12ec, 10", 1935	Nature of injury
19. UNDERTAKER July Translation (Address)	on & Sou	24. Was disease or injury in any way related to occupation of deceased?
ntti	vary, ma	If so, specify (Signed) (Signed)
20. FILED. See. 1 1932	Tramplom Registrar,	(Address) Frelevalling pm
If more blan	1	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be seeured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I		Example II		
The principal cause of death and related causes Date of onset of importance were as follows:			The principal eause of death and related causes of importance were as follows:	Date of onse?	
Arteriosclerosis	1011 4 3000	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	O VIV	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory eauses of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

<	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
5	ENT RECOR	LLY. PHY	ed. Exact s	
OR BINDIN	S A PERMANI	tated EXAC	roperly classifi	rtificate.
MARGIN RESERVED FOR BINDING	INK-THIS I	E should be st	lat it may be p	is on back of ce
MARGIN B	H UNFADING	y supplied. At	ain terms, so th	See instruction
	PLAINLY, WIT	nould be carefull	OF DEATH in pl	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE	mation sl	CAUSE (TION is

1. PLACE OF DEATH County Gasoline	Registration Dist. No. 6
	No. St., War death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. d
2. FULL NAMPERATER Come Mos	lers
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. OHEREBY CERTIFY, That I attended deceased from the control of
DATE OF BIRTH (month, day, and year) Feb. 154, 184	Hast saw har alive on at 26 ,19 ; death is sa
AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at 11. Total time (years) spent in this	Were as rollows: Falteral Caus ro Date of ones. I there was not any lesson of heart.
10-Data deceased last worked at this occupation (month and year) 2. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) 13. NAME Opened Coulbane	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 7. INFDRMANT Mas Jolew Correspondence 15. MAIDEN NAME Control Cont	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
8. BURIAL, CREMATION, OR REMOVAL Place Sinhon Quantate Sec 26, 19.3	Manner of injury
9. UNDERTAKER Je Slieges The Section	24. Was disease or injury in any way related to occupation of deceased?
0. FILED 12-28, 1932 Pm A D Leang C Registrar.	(Signed) Musical Mills M. (Address) Could Mills

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